

1. The populations of who will be served. Please include available data that includes the caseload of the current specialized care population and estimate of any potential expanded populations to be served; list the types of behavior and/or health conditions or qualifying factors for which a specialized care rate is currently paid and/or would be paid under the updated plan.

Who would be served	Qualifying factor	Currently served (Y/N)	Estimated number to be served
All youth with current open dependency	See County form outlining SCI options	Yes	343* – current total caseload
Youth in guardianship Or AAP cases opened prior to 1/1/2017 who are not eligible to LOC	See County form outlining SCI options	Yes	1,345* – current total caseload
Youth in guardianship or AAP with cases opened after 1/1/2017 who are eligible to LOC	See County form outlining SCI options	Yes	673* – total current caseload
Non-minor dependent youth being served in extended foster care (not in SILP)	See County form outlining SCI options	Yes	25* – current NMDs who are not in SILP

\* Total current caseload represents all open cases. Actual number of youth approved for SCI would be less than the total cases.

2. Payment amounts and whether or not the payments are tiered.

*See County SCI form*

3. The criteria and/or the qualifying factors and conditions used to determine the SCI rate in each level and must be clearly described; if the county is using the CWDA SCI plan, the county should reference what criteria of the CWDA SCI plan is applying to the county SCI plan.

*See County SCI form*

4. The County review process and secondary review/approval, including how often the county will conduct a SCI reassessment.

*County has an established SCI approval form which must be reviewed and approved by the supervisor and regional manager prior to the SCI being approved. SCI's expire every six months and require a reassessment to determine if the child/youth still meets the qualifying factors for an SCI payment. San Luis Obispo County has established maximum time limits for which SCI's can be paid, although we have allowed for approval to exceed these limits on a case by case basis with Child Welfare Director approval.*

5. Provide description of what circumstances trigger an SCI assessment i.e., additional conditions or the additional care and supervision needs of the child/youth.

*The assigned social worker will work with the resource parents to determine if a youth's needs meet the SCI requirements and if the youth would benefit from additional supports that could be offered by the SCI payment. Any time a youth is being considered for placement at an STRTP, the highest level SCI will be considered to determine if the youth can be stabilized and supported in a community setting. Specific details of what will be a qualifying SCI condition are listed on the County SCI form attached.*

6. Proposed implementation dates and a description of how existing families receiving SCI rates will be treated under the new SCI plan; identifying any plans for how existing SCI rates might be reduced or increased under the proposed plan.

*The County is prepared to roll out the new SCI rates as soon as they are approved. The County will be offering SCI rates to our County FFAs, which can be implemented immediately. SCI rates for County Resource homes will be on hold until the LOC for County Resource Homes is effective. Homes with current SCI's have been notified that their SCI will be expiring and that when their current SCI is due for reassessment they will be reviewed based on the new LOC/SCI criteria which may or may not result in a change in payment amount.*

7. How families will be notified about the new SCI rates.

*Once the County's SCI rates are approved, the attached draft letter will be sent to all families currently receiving an SCI.*

8. A copy of the NOA form used for SCI approval, denial, redetermination and discontinuance which must note the SCI level authorized.

*See attached*

9. An SCI point of county contact with email, phone number and written address information.

*Angella Holmes,  
AHolmes@co.slo.ca.us  
(805) 781-1902  
3433 S. Higuera,  
San Luis Obispo CA 93401*

(GUARDIANSHIP ESTABLISHED ON OR AFTER 01/01/2017)

Descriptions below are guidelines to assist social workers in identifying when a special care increment (SCI) payment may be appropriate to support and stabilize foster children in lower levels of care.

Instructions: (check one)    ☐ Initial Authorization by Social Worker    ☐ Renewal

<b>Minor:</b> _____	
<div><div><b>SCI LEVEL I – Child’s assessed LOC (levels I-III) plus \$500</b></div><div><input type="checkbox"/> Child received the ISFC rate in the past six months and has been determined to now qualify for a lower rate. SCI level 1 may to transition youth to lower level of care</div><div>OR</div><div><input type="checkbox"/> Child meets criteria on Attachment A Tier 1.</div><div>Level 1 SCI may be paid for a maximum of 6 months at a time. Child must be reassessed every 6 months to determine if they continue to meet criteria for SCI approval.</div><div><input type="checkbox"/> Services plan completed detailing what the additional SCI stabilization rate will be used for.</div><div>Date SCI will begin:</div><div>Date SCI will end:</div></div> <div><div><b>Services plan must detail what the additional SCI rate will be used for. Examples of what the rate may be used for including, but are not limited to: additional therapy sessions not covered by MediCal, pro-social activities to promote youth’s engagement and connection with the local community, additional transportation costs, etc. Services plan must also include details on how youth will continue to be supported once SCI ends.</b></div></div>	<div><div><b>SCI LEVEL II – Level 4 LOC or ISFC LOC plus \$800</b></div><div><b><u>Child meets the criteria for the level 4 LOC and one or more of the following applies:</u></b></div><div><input type="checkbox"/> Child has 5 or more supportive services each month that the resource parent needs to provide support in attendance (such as transportation or personally attending). Supportive services could include therapy appointments of any kind, medical/dental appointments of any kind, extracurricular pro-social activities of any kind such as sports, clubs, etc.</div><div><input type="checkbox"/> Child requires significant support to be successful in school such as resource parent meeting with the school to track and monitor progress at least 2 times per month, and/or resource parent provides additional support beyond basic activities to support the child in school on average of 10 hours per week or more. Non-school age children may likewise require additional support in succeeding in development of healthy social connections with peers.</div><div><input type="checkbox"/> Resource parent provides other significant support that will allow child to stay in the resource parent’s home and remain part of the community. Examples of significant support may include: Additional visitation with relatives, facilitating additional sibling visitation, paying for additional therapy and/or support services for the child above what would be considered normal for a child of similar age.</div><div><input type="checkbox"/> Child meets criteria on attachment A Tier 2</div><div>OR</div><div><b><u>Child meets the criteria for the ISFC LOC and the following applies:</u></b></div><div><input type="checkbox"/> Child has stepped down from Group Home or STRTP level of care within the last six months and requires additional support in order to remain in this home. If additional support is not received child has been identified as being at risk of returning to Group Home or STRTP placement.</div><div>SCI Level II may be approved for six months at a time and can be renewed for a <b>maximum</b> of 24 months. Approval beyond 24 months maximum may be considered with Assistant Director approval.</div><div>Date SCI will begin:</div><div>Date SCI will end:</div></div>
<div><input type="checkbox"/> Services plan attached (required for both SCI levels)</div> <div>Check One: <input type="checkbox"/> Initial request    <input type="checkbox"/> Renewal request: number of months already used Date of placement: _____</div>	<div>The following must be initialed signifying this request and the supporting services plan has been reviewed and approved:</div> <div><div>Social Worker SupervisorRegional Manager</div><div>Assistant Director (if an extension beyond specified maximum approval timelines is being granted)</div><div>Social worker signature: _____Date _____</div></div>



Descriptions below are guidelines to assist social workers in identifying when a special care increment (SCI) payment may be appropriate to support and stabilize children in lower levels of care. Guardianships or Adoptions established prior to 1/1/2017 are only eligible to basic LOC.

Instructions: (check one) ☐ Initial Authorization by Social Worker ☐ Renewal

Minor: _____	
<div><div>SCI LEVEL I – Basic LOC plus \$500</div><div><input type="checkbox"/> Child received the ISFC rate in the past six months and has been determined to now qualify for a lower rate. SCI level 1 may to transition youth to lower level of care</div><div>OR</div><div><input type="checkbox"/> Child meets criteria on Attachment A Tier 1.</div><div>Level 1 SCI may be paid for a maximum of 6 months at a time. Child must be reassessed every 6 months to determine if they continue to meet criteria for SCI approval.</div><div><input type="checkbox"/> Services plan completed detailing what the additional SCI stabilization rate will be used for.</div><div>Date SCI will begin: _____</div><div>Date SCI will end: _____</div><div>Services plan must detail what the additional SCI rate will be used for. Examples of what the rate may be used for including, but are not limited to: additional therapy sessions not covered by MediCal, pro-social activities to promote youth’s engagement and connection with the local community, additional transportation costs, etc. Services plan must also include details on how youth will continue to be supported once SCI ends.</div></div>	<div><div>SCI LEVEL II – Basic LOC plus \$800</div><div>One or more of the following applies:</div><div><input type="checkbox"/> Child has 5 or more supportive services each month that the resource parent needs to provide support in attendance (such as transportation or personally attending). Supportive services could include therapy appointments of any kind, medical/dental appointments of any kind, extracurricular pro-social activities of any kind such as sports, clubs, etc.</div><div><input type="checkbox"/> Child requires significant support to be successful in school such as resource parent meeting with the school to track and monitor progress at least 2 times per month, and/or resource parent provides additional support beyond basic activities to support the child in school on average of 10 hours per week or more. Non-school age children may likewise require additional support in succeeding in development of healthy social connections with peers.</div><div><input type="checkbox"/> Resource parent provides other significant support that will allow child to stay in the resource parent’s home and remain part of the community. Examples of significant support may include: Additional visitation with relatives, facilitating additional sibling visitation, paying for additional therapy and/or support services for the child above what would be considered normal for a child of similar age.</div><div><input type="checkbox"/> Child meets criteria on attachment A Tier 2</div><div>OR</div><div><input type="checkbox"/> Child has stepped down from Group Home or STRTP level of care within the last six months and requires additional support in order to remain in this home. If additional support is not received child has been identified as being at risk of returning to Group Home or STRTP placement.</div><div>SCI Level II may be approved for six months at a time and can be renewed for a <b>maximum</b> of 24 months. Approval beyond 24 months maximum may be considered with Assistant Director approval.</div><div>Date SCI will begin: _____</div><div>Date SCI will end: _____</div></div>
<div><input type="checkbox"/> Services plan attached (required for both SCI levels)</div> <div>Check One: <input type="checkbox"/> Initial request <input type="checkbox"/> Renewal request: number of months already used _____ Date of placement: _____</div>	<div>The following must be initialed signifying this request and the supporting services plan has been reviewed and approved:</div> <div>Social Worker Supervisor _____ Regional Manager _____</div> <div>Assistant Director (if an extension beyond specified maximum approval timelines is being granted _____</div> <div>Social worker signature: _____ Date _____</div>



COUNTY OF SAN LUIS OBISPO

DEPARTMENT OF SOCIAL SERVICES

ASSESSMENT GUIDE FOR SPECIALIZED FOSTER CARE LEVELS FOR CERTIFIED RESOURCE FAMILY HOMES WITH FOSTER FAMILY AGENCIES – PROFESSIONAL PARENT MODEL

Descriptions below are guidelines to assist social workers in identifying when a special care increment (SCI) payment may be appropriate to support and stabilize foster children in lower levels of care.

Instructions: (check one) ☐ Initial Authorization by Social Worker ☐ Renewal

Minor: \_\_\_\_\_ Age: \_\_\_\_ Current Rate: \_\_\_\_\_ Caregiver: \_\_\_\_\_ SW: \_\_\_\_\_ ERS: \_\_\_\_\_

SCI LEVEL III – PROFESSIONAL PARENT MODEL - ISFC rate plus \$4500

Child meets the criteria for ISFC rate and two or more of the following applies:

- ☐ AWOL more than twice in the last three months and has returned from AWOL without being able to explain how he/she supported themselves while AWOL and may have cash from unexplained sources
- ☐ Has been a victim of CSEC or has been assessed and being a high risk of CSEC
- ☐ In the last three months child has exhibited significantly aggressive behaviors including physical violence, destruction of property or self-harm
- ☐ In the last three months child has exhibited significant mental health concerns including, but not limited to, being placed on a mental health hold, being diagnosed with a mental illness or being currently treated for a mental illness and youth is not actively participating in treatment and/or has refused treatment, and/or treatment has not been able to stabilize the assessed mental health concern
- ☐ Youth exhibits concerns of having an alcohol and/or drug addiction problem
- ☐ Youth exhibits other significant behaviors which may impact his/her personal safety including, but not limited to, being sexually active above what may be considered normal for a child of like age, oppositional and/or defiant behavior above what is considered normal for a child of like age, or

Only Resource Family Homes who have been certified and are receiving services with a foster family agency are eligible for the Level III Professional Parent model SCI payment.

Parents receiving the Level III Professional Parent model SCI payment must bill MediCal and receive reimbursement for services eligible for TFC reimbursement

Level III SCI may be approved for six months at a time. Level III SCI may be renewed **one time** only for a maximum Level III SCI issuance of twelve months total. Approval of rate beyond twelve month total may be considered with Assistant Director approval.

Date SCI will begin:

Date SCI will end:

Number of months previously received:

☐ Services plan attached (required)

☐ Initial or new placement

Date of placement: \_\_\_\_\_

☐ Renewal or ☐ Rate change in continuing placement.

Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Regional Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Director (if required): \_\_\_\_\_ Date \_\_\_\_\_





Services Plan for Approval of Special Care Increment rates

This agreement is made between the County of San Luis Obispo Department of Social Services and \_\_\_\_\_ (Resource Parent) for the care of \_\_\_\_\_ (Foster child/youth) and is incorporated as part of the Special Care Increment rate agreement. This agreement is in effect for the period of \_\_\_\_\_ through \_\_\_\_\_

Resource Parent agrees, to provide the following services and supports to the identified foster child/youth in order to maintain him/her in a home-based setting:

Resource Parent will provide the following additional services in order to meet the identified child/youth's safety needs:

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Resource Parent will provide the following additional services in order to meet the identified child/youth's wellbeing needs:

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Resource Parent will provide the following additional services in order to meet the identified child/youth's permanency needs:

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This agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Resource Parents' Name(s) \_\_\_\_\_



Services Plan for Approval of Special Care Increment rates

Address \_\_\_\_\_

Resource Parent Signature \_\_\_\_\_ Resource Parent Signature \_\_\_\_\_

DSS Social Worker \_\_\_\_\_ Signature \_\_\_\_\_

DSS Social Worker Supervisor \_\_\_\_\_ Signatu \_\_\_\_\_

DSS Regional Manager \_ Signature



## Attachment A for County of San Luis Obispo Special Care Increment Rate

Area	<b>Tier 1</b> **If three (3) or more of the Tier 1 conditions listed exist, rate will be increased to the next higher level.	<b>Tier 2</b> **If three (3) or more Tier 2 conditions exist, or two (2) Tier 2 conditions and three (3) Tier 1 conditions exist, or one (1) Tier 2 conditions and six (6) Tier 1 conditions exist, rate will be increased to the next higher level.
<b>Medical conditions</b> Drug exposed history or positive toxicology screen. Alcohol exposure (FAS, FASD or FAE) Respiratory Difficulties and Diseases Failure to Thrive Diabetes & Heart Disease Hemophilia Seizures Physical Disabilities/Impairments Brain Injury (abuse or accidental) Visually impaired (birth, abuse, or accidental) Hearing impaired (birth, abuse, or accidental) Immune Disorders Surgical intervention Orthopedic abnormalities (birth or abuse) (i.e. scoliosis) Severe burns	<input type="checkbox"/> 1-3 appointments per month not including routine dental or physical examinations. <input type="checkbox"/> Long-term prescription medications (medication needed on a daily basis for a period of 1 or more months). One-two medications not including prescription vitamins or short-term antibiotics. <input type="checkbox"/> Mild breathing difficulties requiring prescription medications with close supervision. <input type="checkbox"/> Sickle Cell SF (Sickle hemoglobin FS, HPFH, Asymptomatic) <input type="checkbox"/> Symptomatic respiratory difficulties requiring the use of nebulizer breathing treatments. <input type="checkbox"/> Diabetes with special diet – no insulin or medication needed. <input type="checkbox"/> Failure to thrive due to mild feeding difficulties <input type="checkbox"/> Seizure disorder (Abnormal EEG, medication required for seizure activity) <input type="checkbox"/> Heart disease requiring close monitoring no intervention special treatments or diet. <input type="checkbox"/> HIV positive clinically well <input type="checkbox"/> Fetal Alcohol Effect or Exposure (FAE) <input type="checkbox"/> Attention deficits, Memory deficits, <input type="checkbox"/> Sickle Cell – SB + Thal, Mild Symptoms. <input type="checkbox"/> Mild/moderate Cerebral Palsy requiring minimal additional assistance with feeding, dressing, bathing, etc. <input type="checkbox"/> Minimal brain injury requiring minimal additional observations and guidelines. No shunt required or with stable shunt requiring no medical intervention.	<input type="checkbox"/> 4-6 appointments per month not including routine dental or physical examinations. <input type="checkbox"/> Positive toxicology screen at birth (level should be reduced at 6 month review if baby is not exhibiting any symptoms or difficulties) <input type="checkbox"/> Confirmed by maternal history, drug and/or alcohol exposure prenatal with symptoms. (level should be reduced at 6 month review if infant is not exhibiting any symptoms or difficulties) <input type="checkbox"/> Apnea or heart monitor required (when discontinued, rate to be reduced to appropriate level) <input type="checkbox"/> Moderate feeding difficulties requiring therapy or special feeding techniques. <input type="checkbox"/> Seizures requiring intermittent monitoring, medications and other interventions to control. <input type="checkbox"/> Severe respiratory difficulties requiring medications, breathing treatments (not including the use of inhalers) and/or CPT (Chest Physical Therapy) on a daily basis. <input type="checkbox"/> Intermittent oxygen. <input type="checkbox"/> Diabetes with special diet and oral medications. Stable condition, child compliant with prescribed program. <input type="checkbox"/> Medical diagnosis of Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorder (FASD). Not the same as prenatal alcohol exposure Fetal Alcohol Effect (FAE). <input type="checkbox"/> Shunt placement-functioning stable <input type="checkbox"/> Sickle Cell SB Thal Moderate Symptoms 11. Minor requires 1-3 injections per week (i.e. growth hormones, asthma, etc). <input type="checkbox"/> Cleft lip requiring surgical intervention and special feeding assistance. <input type="checkbox"/> Physical abnormalities requiring medical intervention. <input type="checkbox"/> Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc. <input type="checkbox"/> 2nd degree burns requiring regular, but not daily dressing changes. This generally applies to children 8 or over who can cooperate with the treatment plan. <input type="checkbox"/> Visually impaired requiring minimal assistance with daily living (i.e. Mobility, special education, etc.) 17. Hearing-impaired



## Attachment A for County of San Luis Obispo Special Care Increment Rate

Area	<b>Tier 1</b> **If three (3) or more of the Tier 1 conditions listed exist, rate will be increased to the next higher level.	<b>Tier 2</b> **If three (3) or more Tier 2 conditions exist, or two (2) Tier 2 conditions and three (3) Tier 1 conditions exist, or one (1) Tier 2 conditions and six (6) Tier 1 conditions exist, rate will be increased to the next higher level.
	<input type="checkbox"/> Visual condition is stable and infrequent intervention is needed (e.g., eye drops or eye patch). <input type="checkbox"/> Hearing condition is stable and infrequent intervention is needed or hearing aid is needed. <input type="checkbox"/> Minimal bracing equipment is needed (i.e. AFO's) <input type="checkbox"/> Other:	requiring moderate assistance (i.e. specialized communication techniques, speech therapy, and special school program). <input type="checkbox"/> Scoliosis requiring assisted daily exercise and/or bracing. <input type="checkbox"/> Other:
<b><u>Developmental delays or disabilities</u></b> Developmental Delay Developmental Disability (e.g., Intellectual Disability, Autism Spectrum etc.) Learning Delays or Disabilities Sensory Integration Disorder	<input type="checkbox"/> Moderate developmental delays or disabilities requiring weekly care provider assistance. <input type="checkbox"/> Other:	<input type="checkbox"/> Moderate to severe developmental delays or disabilities that require daily assistance from the care provider. Regional Center client documentation required from RC SW. <input type="checkbox"/> Intermittent assistance from a behaviorist or social/health services provider. <input type="checkbox"/> Regional Center client: 0-3 years of age to be included in Early Intervention Program (EIP) (i.e. Lori Ann Infant Stimulation, Exceptional Parents Unlimited (EPU). Documentation required from either EIP or RC social worker. <input type="checkbox"/> Other:
<b><u>Behavioral Issues</u></b> AWOL Aggressive and Assaultive Animal Cruelty CSEC Substance Use/Abuse Gang Activity Fire Setting Severe mental health issues- including suicidal ideation and/or Self Harm Psychiatric hospitalization(s) Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators Habitual Truancy	Behavior modification required but no medication prescribed. <input type="checkbox"/> The child presents some risky behaviors sometimes placing self and/or others at risk. <input type="checkbox"/> Close supervision is sometimes necessary to minimize risk and/or reduce potential for disruption. <input type="checkbox"/> Psychotropic medication may be required with close supervision by care provider and increased follow up by therapeutic provider. <input type="checkbox"/> Other:	<input type="checkbox"/> Behavior modification needed in conjunction with prescribed daily medication. <input type="checkbox"/> The child is at high risk to self and/or others. Behaviors frequently are disruptive to household, school and in other social interactions. <input type="checkbox"/> Stabilization of disruptive behaviors requires special intervention and discipline strategies. <input type="checkbox"/> Care provider needs special training and participates in counseling with the minor to accomplish this. <input type="checkbox"/> 601 behaviors (truant, beyond control of caregiver) exhibited at this level. <input type="checkbox"/> Chronic resistance to behavior modification strategies. <input type="checkbox"/> Personal property of others in the home at high risk. <input type="checkbox"/> Excessive anti-social behaviors which strictly limits unsupervised social interaction. <input type="checkbox"/> Other:



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Three or more placements due to the child's behavior		

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<b>Medical conditions</b> Drug exposed history or positive toxicology screen. Alcohol exposure (FAS, FASD or FAE) Respiratory Difficulties and Diseases Failure to Thrive Diabetes & Heart Disease Hemophilia Seizures Physical Disabilities/Impairments Brain Injury (abuse or accidental) Visually impaired (birth, abuse, or accidental) Hearing impaired (birth, abuse, or accidental) Immune Disorders Surgical intervention Orthopedic abnormalities (birth or abuse) (i.e. scoliosis) Severe burns	<input type="checkbox"/> 1-3 appointments per month not including routine dental or physical examinations. <input type="checkbox"/> Long-term prescription medications (medication needed on a daily basis for a period of 1 or more months). One-two medications not including prescription vitamins or short-term antibiotics. <input type="checkbox"/> Mild breathing difficulties requiring prescription medications with close supervision. <input type="checkbox"/> Sick Cell SF (Sickle hemoglobin FS, HPFH, Asymptomatic) <input type="checkbox"/> Symptomatic respiratory difficulties requiring the use of nebulizer breathing treatments. <input type="checkbox"/> Diabetes with special diet – no insulin or medication needed. <input type="checkbox"/> Failure to thrive due to mild feeding difficulties <input type="checkbox"/> Seizure disorder (Abnormal EEG, medication required for seizure activity) <input type="checkbox"/> Heart disease requiring close monitoring no intervention special treatments or diet. <input type="checkbox"/> HIV positive clinically well <input type="checkbox"/> Fetal Alcohol Effect or Exposure (FAE) Attention deficits, Memory deficits, <input type="checkbox"/> Sick Cell – SB + Thal, Mild Symptoms. <input type="checkbox"/> Mild/moderate Cerebral Palsy requiring minimal additional assistance with feeding, dressing, bathing, etc. <input type="checkbox"/> Minimal brain injury requiring minimal additional observations and guidelines. No shunt required or with stable shunt requiring no medical intervention.	<input type="checkbox"/> 4-6 appointments per month not including routine dental or physical examinations. <input type="checkbox"/> Positive toxicology screen at birth (level should be reduced at 6 month review if baby is not exhibiting any symptoms or difficulties) <input type="checkbox"/> Confirmed by maternal history, drug and/or alcohol exposure prenatal with symptoms. (level should be reduced at 6 month review if infant is not exhibiting any symptoms or difficulties) <input type="checkbox"/> Apnea or heart monitor required (when discontinued, rate to be reduced to appropriate level) <input type="checkbox"/> Moderate feeding difficulties requiring therapy or special feeding techniques. <input type="checkbox"/> Seizures requiring intermittent monitoring, medications and other interventions to control. <input type="checkbox"/> Severe respiratory difficulties requiring medications, breathing treatments (not including the use of inhalers) and/or CPT (Chest Physical Therapy) on a daily basis. <input type="checkbox"/> Intermittent oxygen. <input type="checkbox"/> Diabetes with special diet and oral medications. Stable condition, child compliant with prescribed program. <input type="checkbox"/> Medical diagnosis of Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorder (FASD). Not the same as prenatal alcohol exposure Fetal Alcohol Effect (FAE). <input type="checkbox"/> Shunt placement-functioning stable <input type="checkbox"/> Sick Cell SB Thal Moderate Symptoms 11. Minor requires 1-3 injections per week (i.e. growth hormones, asthma, etc). <input type="checkbox"/> Cleft lip requiring surgical intervention and special feeding assistance. <input type="checkbox"/> Physical abnormalities requiring medical intervention. <input type="checkbox"/> Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc. <input type="checkbox"/> 2nd degree burns requiring regular, but not daily dressing changes. This generally applies to children 8 or over who can cooperate with the treatment plan. <input type="checkbox"/> Visually impaired requiring minimal assistance with daily living (i.e. Mobility, special education, etc.) 17. Hearing-impaired



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	<input type="checkbox"/> Visual condition is stable and infrequent intervention is needed (e.g., eye drops or eye patch). <input type="checkbox"/> Hearing condition is stable and infrequent intervention is needed or hearing aid is needed. <input type="checkbox"/> Minimal bracing equipment is needed (i.e. AFO's) <input type="checkbox"/> Other:	requiring moderate assistance (i.e. specialized communication techniques, speech therapy, and special school program). <input type="checkbox"/> Scoliosis requiring assisted daily exercise and/or bracing. <input type="checkbox"/> Other:
<b>Developmental delays or disabilities</b> Developmental Delay Developmental Disability (e.g., Intellectual Disability, Autism Spectrum etc.) Learning Delays or Disabilities Sensory Integration Disorder	<input type="checkbox"/> Moderate developmental delays or disabilities requiring weekly care provider assistance. <input type="checkbox"/> Other:	<input type="checkbox"/> Moderate to severe developmental delays or disabilities that require daily assistance from the care provider. Regional Center client documentation required from RC SW. <input type="checkbox"/> Intermittent assistance from a behaviorist or social/health services provider. <input type="checkbox"/> Regional Center client: 0-3 years of age to be included in Early Intervention Program (EIP) (i.e. Lori Ann Infant Stimulation, Exceptional Parents Unlimited (EPU). Documentation required from either EIP or RC social worker. <input type="checkbox"/> Other:
<b>Behavioral Issues</b> AWOL Aggressive and Assaultive Animal Cruelty CSEC Substance Use/Abuse Gang Activity Fire Setting Severe mental health issues- including suicidal ideation and/or Self Harm Psychiatric hospitalization(s) Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators Habitual Truancy	Behavior modification required but no medication prescribed. <input type="checkbox"/> The child presents some risky behaviors sometimes placing self and/or others at risk. <input type="checkbox"/> Close supervision is sometimes necessary to minimize risk and/or reduce potential for disruption. <input type="checkbox"/> Psychotropic medication may be required with close supervision by care provider and increased follow up by therapeutic provider. <input type="checkbox"/> Other:	<input type="checkbox"/> Behavior modification needed in conjunction with prescribed daily medication. <input type="checkbox"/> The child is at high risk to self and/or others. Behaviors frequently are disruptive to household, school and in other social interactions. <input type="checkbox"/> Stabilization of disruptive behaviors requires special intervention and discipline strategies. <input type="checkbox"/> Care provider needs special training and participates in counseling with the minor to accomplish this. <input type="checkbox"/> 601 behaviors (truant, beyond control of caregiver) exhibited at this level. <input type="checkbox"/> Chronic resistance to behavior modification strategies. <input type="checkbox"/> Personal property of others in the home at high risk. <input type="checkbox"/> Excessive anti-social behaviors which strictly limits unsupervised social interaction. <input type="checkbox"/> Other:



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Three or more placements due to the child's behavior		

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COUNTY OF SAN LUIS OBISPO  
DEPARTMENT OF SOCIAL SERVICES  
DIVISION NAME  
Devin Drake *Director*

DATE TBD

The State of California is currently in the process of changing the foster care rate system. Previously the rate for foster care reimbursement was determined based on the age of the child. Now, the State has created a tiered foster care rate system referred to as the Level of Care (LOC) which consists of different rates based on the services being provided to the child in the home and the needs of the child. Currently all homes are eligible to receive the basic LOC rate, with the other tiers being scheduled to roll out later this year.

As part of the foster care reimbursement system, Counties also have the option of offering special care increment (SCI) rates that are paid in addition to the foster care reimbursement rate and are intended to cover additional services and needs the child has that are not covered by the basic foster care rate. San Luis Obispo County has submitted an updated SCI plan which has been approved. The attached forms outline the new SCI rates, and eligibility criteria.

All SCI rates expire every six months, and must be reviewed on a case by case basis to determine if the child continues to qualify for an SCI payment. If you are currently receiving an SCI payment under the old SCI criteria, your rate will be reassessed when it expires using the new approved criteria. **This may result in your child no longer being eligible to an SCI payment which means your payment amount may be reduced.**

If you have specific questions about your rate, please contact your assigned Employment Resource Specialists (ERS) who is identified on the notices of action you receive in the mail. These notices of action also explain your rights to request a review of your rate determination.

NOTICE OF ACTION

COUNTY OF  
SAN LUIS OBISPO

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Worker Number: \_\_\_\_\_

Worker Telephone: **(805)** \_\_\_\_\_

Worker Address: \_\_\_\_\_

QUESTIONS? Ask your Worker.

Si necesita una traducción de esto, llame a su  
trabajador(a)

**State Hearing:** If you think this action is wrong,  
you can ask for a hearing. The back of this page  
tells how. Your benefits may not be changed if you  
ask for a hearing before this action takes place.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ The County has approved your application for a Special Care Increment rate  
effective: \_\_\_\_\_. This rate will expire on \_\_\_\_\_. You have been approved for SCI ☐ Level 1 ☐  
Level 2 ☐ Level 3 (Level 3 is only available to homes certified by foster family  
agencies).

☐ The County has denied your application for a Special Care Increment rate effective  
\_\_\_\_\_.

Here's why:

- ☐ Your application did not meet the criteria for approval for a Special Care Increment  
rate
- ☐ You have already received the maximum allowable number of months for a Special  
Care Increment Rate.

☐ The County has discontinued your approval for a Special Care Increment rate  
effective: \_\_\_\_\_

Here's why:

- ☐ You do not meet the eligibility requirements for continued payment of a Special  
Care Increment rate.
- ☐ You did not complete the redetermination process for the Special Care Increment  
Rate.
- ☐ You have already received the maximum allowable number of months for a Special  
Care Increment Rate.

\_\_\_\_\_

\_\_\_\_\_

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh will stay the same until the hearing or the end of your certification period; whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ CalFresh ☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. (W&I Code Sections 10850 and 10950.)

TO ASK FOR A HEARING:

- Fill out this page.
  - Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
  - Send or take this page to:
- San Luis Obispo County  
Department of Social Services  
3433 S. Higuera, P. O. Box 8119,  
San Luis Obispo, CA 93403-8119

OR

  - Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

California Rural Legal Assistance  
1011 Pacific St. Suite A  
San Luis Obispo, CA 93401

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ CalFresh ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

Here's Why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ☐ If you need more space, check here and add a page.
  - ☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)
- My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE	PHONE NUMBER	
STREET ADDRESS		
CITY	STATE	ZIP CODE
SIGNATURE	DATE	
NAME OF PERSON COMPLETING THIS FORM	PHONE NUMBER	

☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME	PHONE NUMBER	
STREET ADDRESS		
CITY	STATE	ZIP CODE